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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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			Application Number	10/719,763			
TRANSMITTAL FORM			Filing Date	11/20/2003			
			First Named Inventor	Ron L. Hale			
(to be used fo	r all correspondence after	initial filing)	Art Unit	1615			
			Examiner Name				
Total Number of F	Pages in This Submission	4	Attorney Docket Number	00064.01R			
		ENCLOS	JRES (check all that apply)				
Fee Transmitt	tal Form	Drawing(s)	After Allowance communication to Group			
Fee A	ttached	Licensing	related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment	/ Reply	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After	r Final	Petition to Convert a Provisional Application		Proprietary Information			
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer		Status Letter			
Extension of	Time Request			Other Enclosure(s) (please identify below):			
Express Abar	ndonment Request	Request	for Refund	1. Request for Withdrawal as Attorney or Agent (in triplicate)-3 pages			
Information D	Disclosure Statement	CD, Number of CD(s)		2. Return Receipt Postcard			
Certified Cop Document(s)	•	Remarks					
Response to	o Missing Parts/ Application		_				
	ponse to Missing Parts er 37 CFR 1.52 or 1.53						
	SIGNATUR	RE OF APPLICA	NT, ATTORNEY, OR AGEN	Ţ			
Firm	Elaine C. Stracker - 4						
or Individual name				<u> </u>			
Signature	Hain	(Aste					
Date	DEC. 1 3 2004						
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	CERTIF	ICATE OF TRANSMI	SSION/MAILING	G		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the						
Typed or printed name	Elaine C. Stracker	00				
Signature	Police !	1 Staits	Date	DEC. 1 3 2004		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

O P E VC. STRANGERES

PTO/SB/83 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/719,763	
Filing Date	11/20/2003	
First Named Inventor	Ron L. Hale	
Art Unit	1615	
Examiner Name		
Attorney Docket Number	00064.01R	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this requ	est are:						
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.							
<u>, </u>	CORRESPONDENCE ADDRE						
	ce address is NOT affected by this with pondence address and direct all future		ondence	to:			
Customer Number OR							
Firm or Individual Name	[A]						
Address	1001 East Meadow Circle						
Address							
City	Palo Alto	State	CA		ZIP	94303	
Country			, ,				
Telephone		Fax					
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number							
This request is enclosed in triplicate (including any attachments).							
Name Elaine C	C. Stracker			10.16			
Signature Registration No. 43,166							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/83 (06-03)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

	To The Table
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2. 🔀 Change th	e corres	pondence address and direct all	future	corresp	ondence	to:		
Customer Num	nber							
OR	L.		J					
Firm or Individual Nam	e	IP Department (Alexza MDC)						
Address		1001 East Meadow Circle						
Address								
City		Palo Alto		State	CA		ZIP	94303
Country								<u> </u>
Telephone				Fax	_			- ·
1 – 1		behalf of myself and						
. —	-	ents of record,						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number								
This request is enclosed in triplicate (including any attachments).								
Name Elaine C Stracker Registration No. 43,166								
Signature	DEC.	13200		negisti e	aon No.	73,1		
Date								
approval of withdrawa	NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

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	Examiner Name	
	Attorney Docket Number	00064.01R

To: Commissioner for P.O. Box 1450 Alexandria, VA 223							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this requ	, -	•					
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.							
	CORRESPONDENCE ADDRE	ESS	 				
1. The corresponden	ce address is NOT affected by this with					.,	
2. A Change the corres	pondence address and direct all future	corresp	ondence	to:			
Customer Number							
Firm or Individual Name	IP Department (Alexza MDC)						
Address	1001 East Meadow Circle						
Address							
City	Palo Alto	State	CA		ZIP	94303	
Country							
Telephone		Fax					
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number							
This request is enclosed in triplicate (including any attachments).							
Name Elaine C. Stracker							
Signature Laz	in (Franks	Registra	tion No.	43,10	56		
Date DEC. 1 3 2004							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

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